Rev. 9/02

COMPREHENSIVE PUBLIC TRAINING PROGRAM

CLASS REGISTRATION FORM

AGENCY CODE
ORGANIZATION I.D.

Course Title:

Location City	DATE	1st Choice	2nd Choice

NOTE: We will attempt to comply with your first choice in scheduling this class; however, since the classes are filled on a first come, first served basis, you may be scheduled for either date requested. You will receive confirmation approximately three weeks prior to your scheduled date. To check the status of your application, call your agency coordinator or the CPTP office, Division of Administration, at 225-342-4739.

PARTICIPANT INFORMATION

Name	Social Security No. - -

Department/Agency/Office

Work Address, City, State	Job Title

Home Address, City, State, Zip Code	Are you a supervisor? ☐ Yes ☐ No

Work Phone No. ( ) -	Fax No. ( ) -	Birth Date	Parish of Residence

E-(Mail Address (if applicable)

Supervisory Group for Civil Service Mandatory Training, if applicable:	☐ Supervisory Group 1	☐ Supervisory Group 2	☐ Supervisory Group 3
Accommodation Needed (ADA)	☐ No ☐ Yes	**If yes, please indicate what is needed:**	

The following information is used to compile equal opportunity reports. You are not legally obligated to provide this information.

☐ White ☐ American Indian ☐ Asian ☐ Male ☐ Female
☐ African–American ☐ Hispanic ☐ Other

Highest Level of Education Completed	☐ Diploma/Some college/Tech. School	☐ College Degree	☐ Graduate courses/graduate degree

APPROVAL SIGNATURES

NOTICE TO AGENCIES:

The Management Development classes are designed for managerial/supervisory personnel. CPTP considers agency approval to be authorization for the participant to travel to the city where the requested class will be held.

Applicant	Date
Supervisor	Date
Agency Approval	Date
Agency CPTP Coordinator	Date

Return the completed form to your Agency CPTP Coordinator: _____

Address and City: _____

Phone and Fax Numbers: _____